



## Client Information Form

Full Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

I understand that Alchemical Healing and all forms of energy medicine are for the purpose of assisting me in finding my inherent self-healing strengths.

Alchemical Healing Practitioners do not diagnose conditions, prescribe medications or substances. They do not perform medical treatment. It is recommended that I see a licensed medical professions when needed.

I also believe that the body has the ability to heal itself. I understand that self-improvement requires commitment on my part, and I must be willing to change in a positive way if I am to receive benefit from the Alchemical Healing process.

I acknowledge my commitment to my own healing. I acknowledge my commitment to my healing must be followed to be effective and bring about the wellness I am seeking.

*I Agree*

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